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CONFIRMATION NO. 4014

SERIAL NUMBER 10/730,611	FILING OR 371(c) DATE 12/08/2003 RULE	CLASS 416	GROUP ART UNIT 3745	ATTORNEY DOCKET NO. 278-0002US						
APPLICANTS Gary Sewell, Carlisle, UNITED KINGDOM; ** CONTINUING DATA ***** This appln claims benefit of 60/431,776 12/09/2002 ** FOREIGN APPLICATIONS ***** <div style="text-align: right; margin-right: 100px;"><i>checked w none w</i></div>										
** SMALL ENTITY **										
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 3	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 3						
ADDRESS 29855										
TITLE Multi-modal forced vortex device										
FILING FEE RECEIVED 511	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <table border="1" style="float: right; width: 250px;"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table>				<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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